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**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Appl. No. : 10/057,630 Confirmation No. 3300  
Applicants : Ronald M. BURCH, et al.  
Filed : January 25, 2002  
For : **Analgesic Combination of Oxycodone and Nimesulide**  
TC/A.U. : 1639  
Examiner : Bennett Celsa  
Docket No. : 200.1079CON5

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

S i r:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 4 of this paper.

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22314-1450



In re application of: Ronald M. BURCH, et al.  
Serial No.: 10/057,630  
Filed: January 25, 2002  
For: **ANALGESIC COMBINATION OF OXYCODONE AND NIMESULIDE**

Sir:

Transmitted herewith is a **Restriction Requirement Response** in the above-identified application.

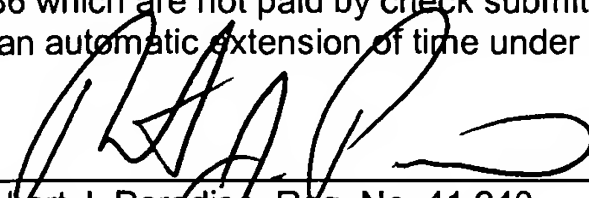
- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
FOR:	REMAINING	HIGHEST	PRESENT	RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY						
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus	=	0	x \$	9	\$	x \$	18
INDEP. CLAIMS	Minus	=	0	x \$	42	\$	x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140	\$	+	\$280

TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:  
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)  
☒ Other: **Return Postcard**
- ☐ Check(s) in the amount of \$.00 is/are attached to cover:  
☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☐ Petition fee for extension under 37 C.F.R. 1.136  
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.  
☒ Any patent application processing fees under 37 C.F.R. 1.17.  
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

June 11, 2004.  
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 